

Responsible Office: R/Headquarters ISO 9000 Project Office  
Subject: Internal Quality Audits

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## HEADQUARTERS COMMON PROCESS

# INTERNAL QUALITY AUDITS

Original Signed By

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January 15, 1999

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Associate Deputy Administrator

Date

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## 1. Purpose

This NASA Headquarters Common Process (HCP) describes the process for organizing, conducting, and responding to Headquarters quality system internal audits. The purpose of internal quality audits is to verify whether quality activities and related results comply with the quality system and to determine the effectiveness of the quality system.

## 2. Scope And Applicability

2.1 Scope This HCP identifies the responsible entities for staffing, planning, and conducting internal audits. These internal audits encompass all activities, processes, and documents which form a part of the NASA Headquarters Quality Program necessary to comply with the *Headquarters Quality System Manual (QSM)*.

### 2.2 Applicability

This HCP applies only to NASA Headquarters.

## 3. Definitions

- 3.1 Audit Manager (AM). The AM or his/her designated alternate is responsible for and has the authority for implementing, managing, maintaining, and reporting on the performance of the internal quality audit system. The AM must complete a Lead Assessor course and be granted organizational authority to manage Headquarters ISO internal quality audits.
- 3.2 Audit Plan. A plan that provides the audit schedule, names of auditors and auditees, and the organizations to be audited.
- 3.3 Auditee. The manager or designee who signs the "Internal Quality Audit Summary Report" for the organization being audited.

- 3.4      Auditor (AT). An individual qualified through training to perform a quality audit. The AT must complete an Internal Auditor course or Lead Assessor course. Auditors may be NASA employees or qualified contractors.
- 3.5      Escort. An auditee representative who may accompany the auditor during an audit. This individual provides access to physical areas and witnesses or is informed of potential nonconformances.
- 3.6      Internal Audit. A systematic and independent examination to verify whether quality activities and related results comply with the quality system and to determine the effectiveness of the quality system.
- 3.7      Lead Auditor (LA). An individual qualified through training to organize and direct a quality audit and report nonconformances. The LA must complete an Internal Auditor course or Lead Assessor course. The Lead Auditor may be a NASA employee or a qualified contractor.
- 3.8      Nonconformance. Nonfulfillment of a specified quality system requirement. The two levels of nonconformances are defined as follows:
- 3.8.1    Category 1 Nonconformance. A deficiency that could have a direct, first-order adverse effect on the quality of a product or service or on the ability to meet requirements for a product or service. Category 1 nonconformances may include a complete absence or breakdown of a required quality system element.
- 3.8.2    Category 2 Nonconformance. A deficiency that could have an indirect, lower order adverse effect on the quality of a product or service or on the ability to meet requirements for a product or service. Category 2 nonconformances may include isolated instances of failure to comply with a quality system requirement or failures to comply that would affect quality, only if another system failed as well. Based on analysis of the Audit Manager, a series of Category 2 nonconformances against systemic deficiencies may be elevated to a Category 1 nonconformance. (See paragraph 6.23).

- 3.9        Observation. A condition that can lead to nonconformance. Corrective action is not required but is strongly recommended.
- 3.10       Objective Evidence. Qualitative or quantitative records or statements of fact pertaining to a Category 1 or 2 nonconformance, an observation, or to the effective implementation of the quality system.
- 3.11       Office of Primary Responsibility. The organization responsible for determining the cause and identifying and implementing corrective action in response to a nonconformance report. Examples of such organizations include an audited organization and the Headquarters ISO 9000 Project Office.
- 3.12       Point of Contact. Contact person of an audited organization.
- 3.13       Abbreviations.

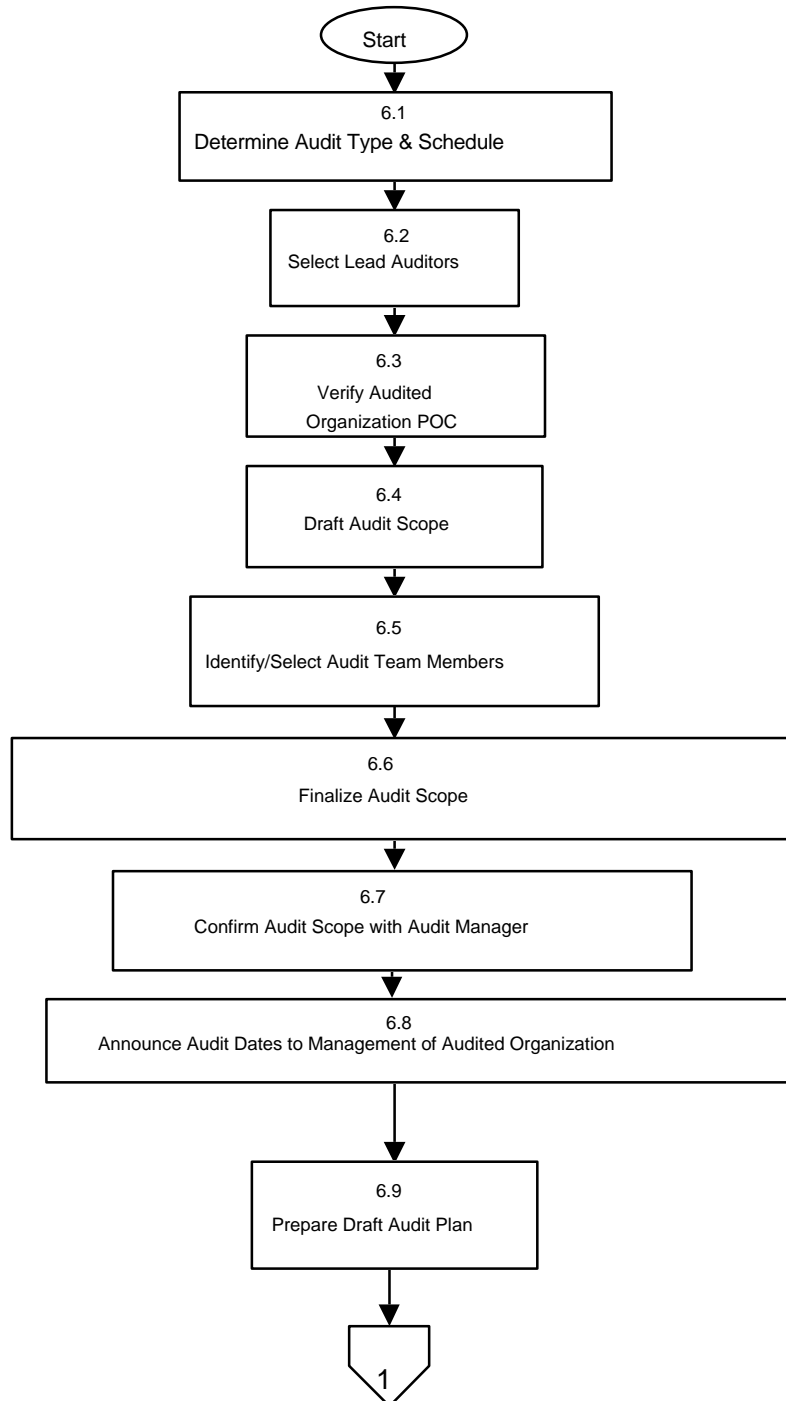
AM	Audit Manager
AT	Auditor
HCP	Headquarters Common Process
LA	Lead Auditor
NCR	Nonconformance Report
OPR	Office of Primary Responsibility
OWI	Office Work Instruction
POC	Point of Contact

#### 4. References

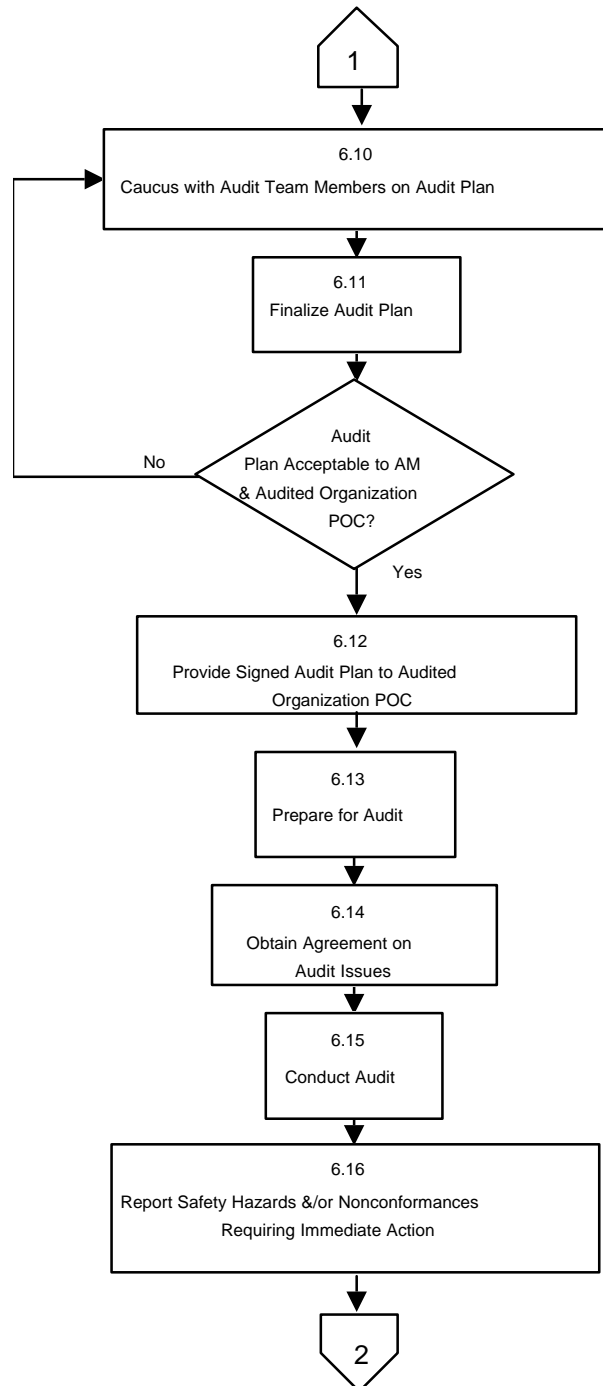
- 4.1    NPG 1441.1, NASA Records Retention Schedules
- 4.2    Nonconformance Reporting System (NCR) Quick Reference Guide
- 4.3    HQPC 1150.1, Headquarters (HQ) Quality Council

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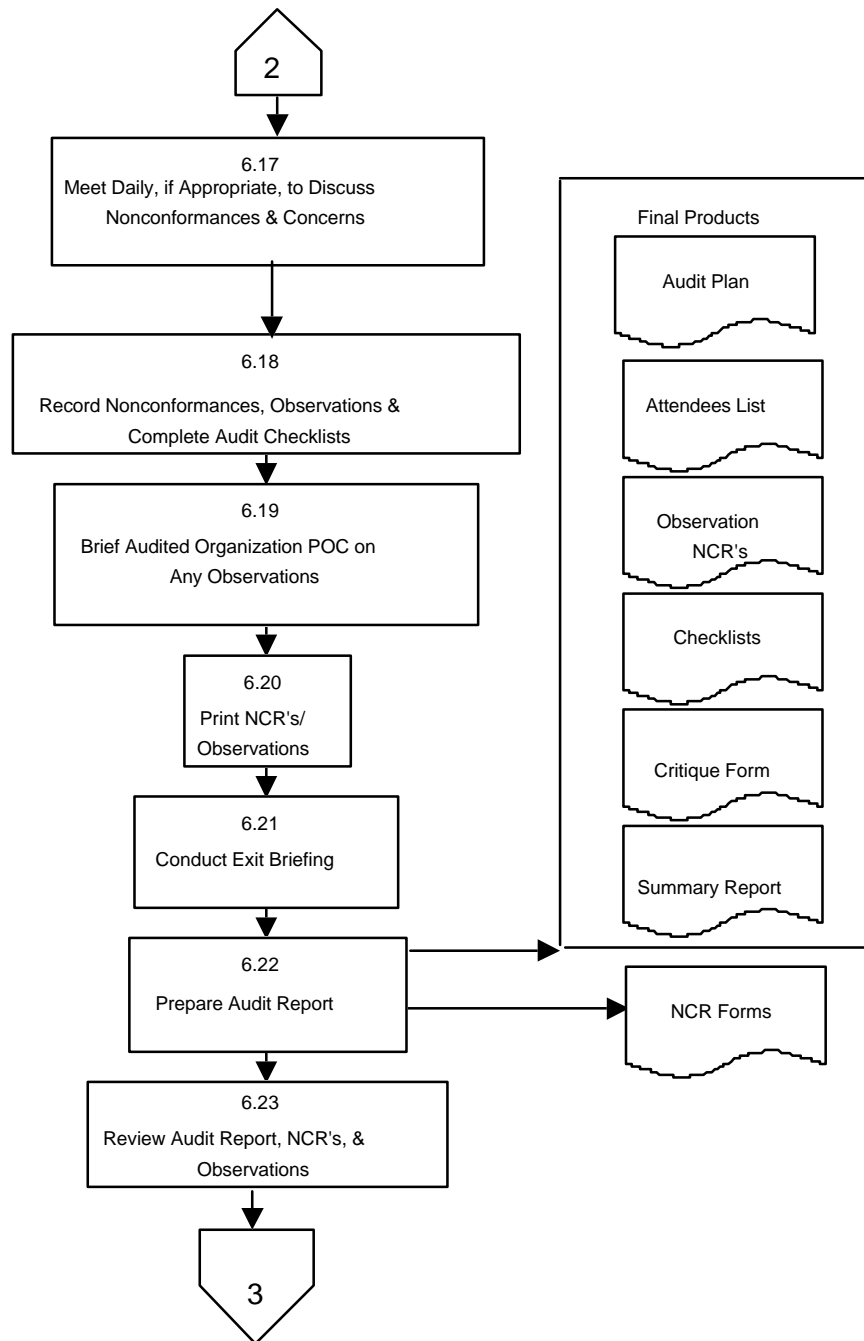
## 5. Flowchart



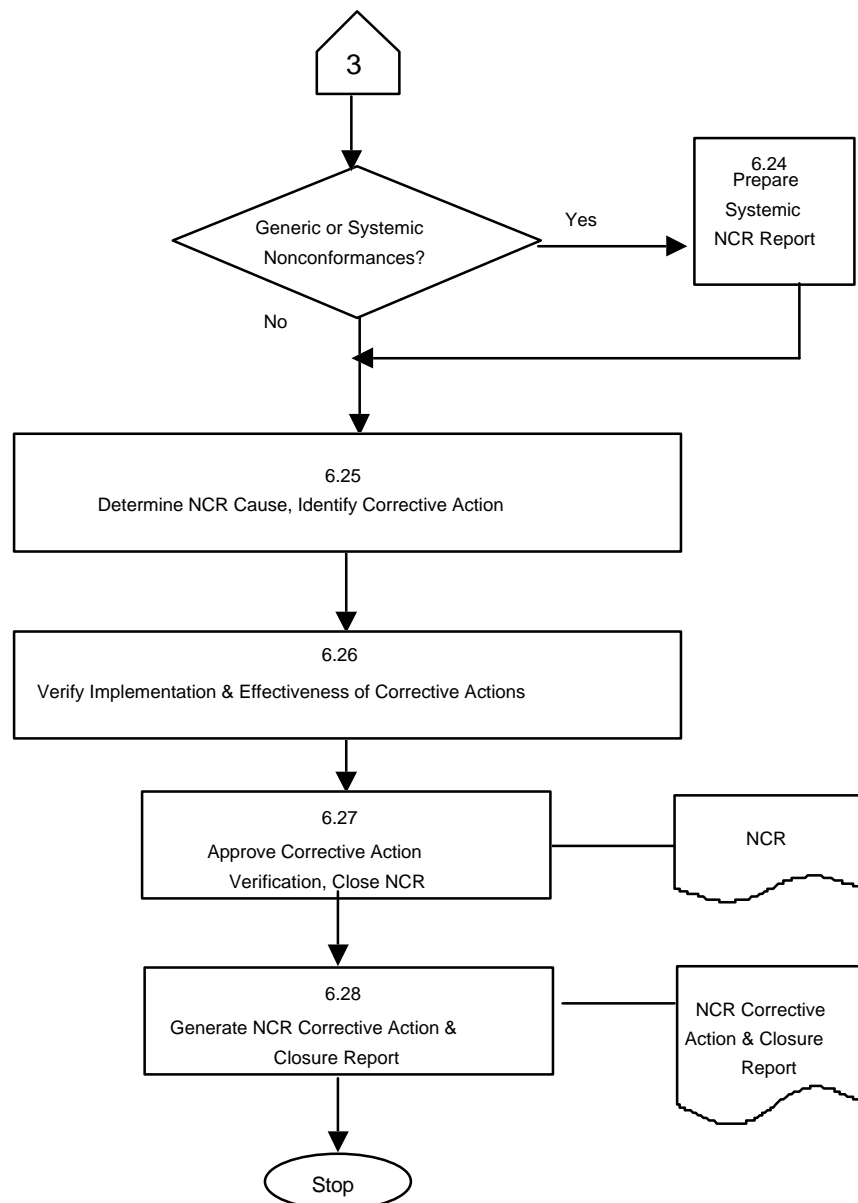
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## 6. Procedure

The procedure begins with the preparation of the overall audit schedule by the AM. This schedule is reviewed periodically and may be revised by the AM as necessary. Results of previous internal or external audits, trending data, observed conditions, and problem reports should be taken into consideration when considering changes to the schedule. As a minimum, all applicable ISO elements will be audited annually.

<u>Actionee</u>		<u>Action</u>
AM	6.1	Determine what type of audits will be performed by organization and develop Audit Schedule, accordingly. The size of the Headquarters organization, applicability to the Headquarters Quality System, and results from previous internal and third-party audits will be taken into consideration when developing the schedule.
AM	6.2	Select LA's to support scheduled audits. LA's are responsible for all phases of their assigned audit. LA's shall be assigned to the audit task for the duration of the audit and related activities. LA's shall be assigned in sufficient time to prepare for the scheduled audit.
LA	6.3	Verify audited organization POC.
LA	6.4	Work with audited organization POC to draft the scope of the audit. Nonconformances, corrective action(s), and observations from previous audits will be taken into consideration when drafting the scope.
LA	6.5	Work with the AM to identify/select AT's who will conduct the audit under the supervision of the LA. The LA shall contact the team members. The LA shall ensure that the resources committed to the audit are sufficient to meet the audit's intended scope.

LA	6.6	Finalize audit scope with audited organization's POC: <ul style="list-style-type: none"><li>• Identify Master List(s) and access to documents associated with the functions/areas to be audited.</li><li>• Determine the facilities' security and safety access requirements.</li><li>• Determine the date and time of the audit and the exit briefing.</li><li>• Determine any information requirements.</li><li>• Discuss administrative assistance requirements (i.e., audit team office space, conference room for daily meetings, access to copy machines, and telephones).</li></ul>
LA	6.7	Confirm audit scope with AM.
AM	6.8	Announce audit and audit dates to audited organization management.
LA	6.9	Prepare draft audit plan. The plan shall be flexible in order to permit changes in emphasis, based on information gathered during the audit, and to permit effective use of resources. The plan shall include the following: <ul style="list-style-type: none"><li>• The organization(s) to be audited.</li><li>• Scope of audit activities.</li><li>• Location and dates.</li><li>• Name of the audited organization POC.</li><li>• Names of the AT's and their assignments.</li></ul>
LA	6.10	Caucus with AT's on audit plan. <ul style="list-style-type: none"><li>• Discuss scope of audit activities.</li><li>• Review general auditing techniques, conduct, and confidentiality requirements.</li><li>• Review nonconformances and corrective actions from previous audits of the organization(s) being audited.</li><li>• Discuss plan and readjust organization assignments, if necessary.</li></ul>

- Distribute Internal Quality Audit Checklists (Appendix B) for each team member to tailor, as applicable, as well as any other material and data applicable to the audit.
- |       |      |  |
|-------|------|--|
| LA    | 6.11 | Finalize audit plan. <ul style="list-style-type: none"><li>• Perform final review of the plan with the audited organization POC for any organization focused audits and modify plan as necessary.</li><li>• Sign and date the audit plan and send it to the AM for approval and signature. Incorporate any AM changes and coordinate changes with audited organization POC for organization focused audits if necessary.</li></ul> |
| LA    | 6.12 | Provide a copy of the signed audit plan to the audited organization POC.   |
| LA/AT | 6.13 | Prepare for Audit. <ul style="list-style-type: none"><li>• Review audited organization's documents applicable to the audit.</li><li>• Review and tailor Internal Quality Audit Checklists (Appendix B) as applicable.</li><li>• Review previous audit reports of the organization being audited.</li></ul>   |
| LA    | 6.14 | Obtain agreement on the following audit issues from audited organization POC prior to beginning the audit: <ul style="list-style-type: none"><li>• Audited organization personnel including scribes and escorts.</li><li>• Audit definitions such as Category 1 and Category 2 nonconformances, observations, and objective evidence.</li></ul>  |
| LA/AT | 6.15 | Conduct the Audit. Positive findings, nonconformances, and observations shall be addressed in the audit report and discussed at the exit briefing.   |

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LA	6.16	Report any safety hazards and/or nonconformances requiring immediate action to the auditee.
LA/AT	6.17	Meet daily, if appropriate, to discuss nonconformances and observed concerns.
LA/AT	6.18	Record nonconformances on electronic Nonconformance Report (NCR) Forms (Appendix A). (See "Nonconformance Reporting System (NCR) Quick Reference Guide".) Complete Internal Quality Audit Checklists (Appendix B) and the ISO 9000 Element Checklist (Appendix E). The LA, with AT recommendations, will determine if the nonconformance is a Category 1 or Category 2 nonconformance. Audit observations and associated objective evidence will be documented on hardcopy versions of the NCR form (Appendix A).
LA/AT	6.19	Brief audited organization POC on any observations.
LA/AT	6.20	Print Nonconformance Reports and observations.
LA	6.21	<p>Conduct exit briefing with audited organization management or representative.</p> <ul style="list-style-type: none"><li>• Discuss the Internal Audit Summary Report (Appendix C) and the applicable Nonconformance Reports (Appendix A) and observations.</li><li>• Audited organization management or representative shall sign the Summary Report to acknowledge receipt and complete the Internal Audit Critique Form (Appendix D) and return it to the AM.</li><li>• A list of attendees shall be filed with the Summary Report.</li></ul>
LA	6.22	<p>Prepare the audit report . The report shall contain the following items as applicable:</p> <ul style="list-style-type: none"><li>• Final audit plan.</li><li>• The Internal Quality Audit Summary Report (Appendix</li></ul>

		C).
		<ul style="list-style-type: none"><li>• NCR Forms (appendix A) which identify the audit date, auditors, audited organization, nonconformance severity, nonconformance description, and applicable ISO element.</li><li>• Observation NCR forms.</li><li>• A list of exit briefing attendees.</li><li>• Completed appendix B and appendix E checklist(s).</li><li>• Internal Audit Critique (Appendix D).</li><li>• Date, sign, and forward the completed audit report to the AM or his/her designated representative.</li></ul>
AM	6.23	Review audit report and associated NCR's and observations for systemic implications. Trend systemic data.
AM	6.24	If systemic nonconformances are identified, prepare internal quality audit systemic NCR report for the Quality Council, otherwise, go to step 6.25. (See HQPC 1150.1).
OPR	6.25	Within 20 business days after the AM or designee creates an official NCR from a draft, determine the cause of the nonconformance and, on an electronic NCR form, document the cause of the nonconformance and propose a corrective action with a corrective action completion target date. Implement corrective action after obtaining LA approval of proposed action.
AT	6.26	Verify that corrective action was implemented as stated by OPR and that the action corrects the applicable nonconformance.
LA	6.27	Approve corrective action verification, closing NCR.
LA	6.28	Generate NCR corrective action and closure report and provide to AM as an input to identify candidates for preventive action. (See HQPC 1150.1 ).

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## 7. Quality Records

### 7.1 Records

Internal audit quality records are listed in Table 7.1. These records will be indexed, filed, retained, and disposed of in accordance with NPG 1441.1, as identified below.

RECORD IDENTIFICATION	OWNER	LOCATION	MEDIA ELECTRONIC/ HARD COPY	RETENTION	DISPOSITION
MSFC Form 4289, Internal Audit NCR	AM	NCR System	Electronic	3 Years	Destroy After 9 Years
Internal Quality Audit Summary Report	AM	AM	Hard Copy	3 Years	Destroy After 9 Years
Internal Quality Audit Checklist	AM	AM	Hard Copy	3 Years	Destroy After 9 Years
MSFC 4318 Internal Audit Critique Form	AM	AM	Hard Copy	3 Years	Destroy After 9 Years
Internal quality audit systemic NCR report	AM	AM	Hard Copy	3 Years	Destroy After 9 Years
NCR corrective action and closure report	AM	AM	Hard Copy	3 Years	Destroy After 9 Years
MSFC Form 4289, Internal Audit NCR with observations	AM	AM	Hard Copy	3 Years	Destroy After 9 Years
ISO 9000 Element Check List	AM	AM	Hard Copy	3 Years	Destroy After 9 Years
Audit Plan	AM	AM	Hard Copy	3 Years	Destroy After 9 Years

Table 7.1

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## Appendix A

<b>MSFC ISO 9000 INTERNAL AUDIT NONCONFORMANCE REPORT (NCR)</b>			
<b>1</b>	ORGANIZATION AUDITED:	MONTH:	YEAR:
	LOCATION BUILDING:	AREA:	
<b>2</b>	NCR NUMBER		
	SEVERITY CODE: (Major - 1, Minor -2)		
<b>3</b>	AUDITOR:		
	OTHERS IN ATTENDANCE:		
	ESCORT:		
<b>4</b>	NONCONFORMANCE:		
	ISO ELEMENT :		
LEAD AUDITOR'S SIGNATURE		APPROVAL DATE :	
<b>5</b>	CAUSE IDENTIFICATION/PROPOSED CORRECTIVE ACTION:		
TARGET DATE TO COMPLETE ACTION:		RESPONSIBLE ORGANIZATION POC/PHONE :	
AUDITEE'S APPROVAL:		RESPONSIBLE ORGANIZATION :	
LEAD AUDITOR'S APPROVAL:		APPROVAL DATE :	
		APPROVAL DATE :	
<b>6</b>	CORRECTIVE ACTION COMPLETE (DESCRIBE ACTION TAKEN IF OTHER THAN WHAT WAS PROPOSED IN BLOCK 5) :		
AUDITEE'S APPROVAL:		APPROVAL DATE:	
<b>7</b>	CORRECTIVE ACTION VERIFIED AS:		
	<input type="checkbox"/> TAKEN	<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> EFFECTIVE <input type="checkbox"/> NOT EFFECTIVE
AUDITORS APPROVAL:		VERIFICATION DATE:	
LEAD AUDITOR'S APPROVAL:		APPROVAL DATE :	

MSFC Form 4289 (Rev. December 1997)

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## Appendix B, Internal Quality Audit Checklist

Code:		<b>Internal Quality Audit Checklist</b>	Date:
Code Representative:		Audit Team:	ISO 9001 Reference Standard(s)
<b>Element:</b>	<b>Question/Procedure:</b>		
<b>Signed:</b> (Auditor) <b>Date:</b>		<b>Signed:</b> (Lead Auditor) <b>Date:</b>	

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**Note:** Use Multiple Forms if Necessary

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### Appendix C, Internal Quality Audit Summary Report

Code:		<b>Internal Quality Audit Summary Report</b>		Date:	
Code Representative:		Audit Team:		Reference Standard(s): ISO 9001	
<b>Element:</b>	<b>No. N/Cs:</b>	<b>Element:</b>	<b>No. N/Cs:</b>	<b>Element:</b>	<b>No. N/Cs:</b>
4.1		4.8		4.15	
4.2		4.9		4.16	
4.3		4.10		4.17	
4.4		4.11		4.18	
4.5		4.12		4.19	
4.6		4.13		4.20	
4.7		4.14			
<b>Positive Findings:</b>					
<b>Signed:</b> (Lead Auditor) <b>Date:</b>			<b>Signed:</b> (Code/Enterprise Representative) <b>Date:</b>		

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## Appendix D, Internal Audit Critique

M SFC INTERNAL AUDIT CRITIQUE		
In an effort to improve the quality of the M SFC ISO 9000 Internal Audits, it is requested that a representative from your organization complete and return this critique form to the Audit Manager.		
Date:	Name of Submitter:	Organization Code:
Dates of Your Audit:		Name of Lead Auditor:
1. Was the pre-audit planning with the Lead Auditor effective in helping you understand the scope of the audit and what resources would be required from your organization in support of the audit? If no, please provide recommendations for improvement: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. On a scale of 1-10 (with 10 being the highest), how would you rate the preparation of the audit team auditing your organization? _____		
3. Do you feel that the time allotted for your audit and the size of your audit team were sufficient to properly evaluate your organization's compliance to the M SFC Quality System? If not, please provide recommendations for improvement. <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Do you feel that the daily audit meetings were beneficial in helping you understand/resolve issues discovered during the day? Please address any recommendations for improvement. <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Please address any general recommendations you have for improvement to the internal audit program. (Please use the back of this form, if necessary.)		

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## Appendix E, ISO 9000 Element Checklist, Example

Code(s): Lead Auditor:	Audit Dates:	Conformance?		NCR# or OBS.	N/A or N/AS	
		Yes	No			
<b>4 Quality System Requirements</b>						
<b>4.1 Management Responsibility</b>						
<b>4.1.1 Quality Policy</b>						
Has management, with executive responsibility for quality, defined and documented its quality for policy?						
Does the policy include--						
a.) objectives for quality;						
b.) commitment to quality?						
Is the policy relevant to--						
a.) organizational goals;						
b.) customer expectations and needs?						
At all levels of the organization has the policy been--						
a.) understood;						
b.) implemented;						
c.) maintained?						

NCR = Nonconformance Report, OBS = Observation, N/A = Not Applicable, N/AS = Element Not Assessed